

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Carlisle	David	M	(916) 326-3600
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]			(916) 322-2531

1. Office, Agency, or Court

Name of Office, Agency, or Court:
Office of Statewide Health Planning & Development

Division, Board, District, if applicable:
Director's Office

Your Position:
Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
- ☒ Annual: The period covered is January 1, 2008, through December 31, 2008.
- or-
- ☐ The period covered is ____/____/____, through December 31, 2008.
- ☐ Leaving Office Date Left: ____/____/____ (Check one)
- ☐ The period covered is January 1, 2008, through the date of leaving office.
- or-
- ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ Candidate Election Year: _____

4. Schedule Summary

- Total number of pages including this cover page: 3
- Check applicable schedules or "No reportable interests."
- I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 ☐ Yes — schedule attached
Investments (Less than 10% Ownership)
- Schedule A-2 ☐ Yes — schedule attached
Investments (10% or greater Ownership)
- Schedule B ☐ Yes — schedule attached
Real Property
- Schedule C ☒ Yes — schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D ☒ Yes — schedule attached
Income — Gifts
- Schedule E ☐ Yes — schedule attached
Income — Gifts — Travel Payments
- or-
- ☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/30/09

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

David. Carlisle

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

University of California, Los Angeles

ADDRESS

911 Broxton Plaza, Los Angeles, CA 90095-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Associate Professor/ General Internal Medicine

YOUR BUSINESS POSITION

Associate Professor on leave

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Health Net of California

ADDRESS

21281 Burbank Blvd, Woodland Hills, CA 91367

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Regional Medical Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income; list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

David. Carlisle

► NAME OF SOURCE
Jay Brosius

ADDRESS

7251 Tina Place, Dublin, CA 94568

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Contractor, Electrical (non-OSHPD: Personal friend)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 1 / 08	\$ 280.00	G.S Warriors Basketball tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Marin Karting

ADDRESS 7586 Redwood Blvd.#D,
Novato, CA 94945

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Racing Series Sponsor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 08	\$ 2000.00	Laptop computer prize (bonafide competition entry fee paid)
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Russell Racing

ADDRESS

29359 Arnold Drive, Sonoma, CA 95476

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Racing Series Sponsor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 1 / 08	\$ 2439.00	Sponsor Gift certificate prize(bonafide Competition entry fee paid)
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Univ. of Carolina at Chapel Hill

ADDRESS 104 Airport Drive, CB 1220, Chapel
Hill, NC 27599-1220

BUSINESS ACTIVITY, IF ANY, OF SOURCE

National Research Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 08	\$ 682.00	Travel, Food, Lodging to present at the Robert Wood Johnson Foundation Clinical Scholars Program. National meeting in Washington D.C.
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Indiana University School of Medicine

ADDRESS Fairbanks Hall 5100, 340 W.10TH ST
Indianapolis, IN 46202

BUSINESS ACTIVITY, IF ANY, OF SOURCE

National Research Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 1 / 08	\$ 881.32	Travel, Food, Lodging to present at the Robert Wood Johnson Foundation Harold Amos Program National meeting in Indianapolis, IN
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: